

SAMPLE INVOICE

Contractor's Name:

Address:

Federal Tax I.D. #:

Purchase Order #:

Month of Service/Year:

Telephone #:

Fax #:

Bill To:

Hemant Patel, Contract Manager

Office of Home Energy Programs

311 W. Saratoga Street, Room 239

Baltimore, MD 21201

Telephone #:

Fax #:

Monthly Expense = 1/12 of Annual Budget	Annual Budget	Available Balance	Year-to-Date Expenditure	% of Annual Budget
\$	\$	\$	\$	

Name and Title (must sign in blue ink)

Date

FOR OFFICE OF HOME ENERGY PROGRAMS USE ONLY

Approved By: _____ Date: _____